



Laurie Emerson, Executive Director  
NAMI Vermont  
February 17, 2017  
Committee: House Health Care  
Re: H.145

Chairman Lippert, Vice Chair Donahue, and Committee Members: thank you for inviting NAMI Vermont to testify to your committee.

- **Who I Am:** My name is Laurie Emerson. I am the Executive Director of the National Alliance on Mental Illness of Vermont (NAMI Vermont).
- **Who We Are:** NAMI Vermont is the independent Vermont chapter of the National Alliance on Mental Illness, a statewide non-profit, grassroots, volunteer organization
- **Who We Serve:** The community including: family members, individuals affected by a mental health condition, and professionals who work with them.
- **Our Mission:** NAMI Vermont supports, educates and advocates so that all communities, families, and individuals affected by mental illness or mental health challenges can build better lives.
- **Core Competency:** Lived experience as family members – as caregivers and individuals with a mental health condition
- **Statistics:**
  - 1 in 5 people experience a mental illness
  - 1 in 25 adults lives with serious mental illness such as schizophrenia, major depression or bipolar disorder.

**Background:**

- NAMI Vermont supports mission of law enforcement
- Programs offered to BPD
- Invited by Burlington Police Commission on 6/28/16 to explore improvements to policies and procedures
- Met with other advocates 9/26/16 to form stakeholder group to continue conversation
  - Reviewed current systems
  - Many good practices – some gaps
  - Internal incident reviews – not state level
  - Need support, oversight and leadership to drive improvement and share best practices at the state level

**Our Comments on H.145:**

- NAMI Vermont supports H.145 to create a Mental Health Crisis Response Commission
- Create a collaborative statewide systematic process for crisis intervention
  - A Mental Health Crisis Response Commission will help to:
    - Identify problems or gaps
    - Make recommendations for corrective actions
    - Improve the coordination, integration and accountability of care and interactions
    - Enhance individual and public safety

**Best Practices in Vermont:**

- Act 79-80 Training on Interacting with People Experiencing a Mental Health Crisis
- Team Two Training
- DA Mobile Crisis Teams

**National Best Practice:**

- Crisis Intervention Team Training (CIT)

**Gaps in Crisis Intervention:**

- ER Crisis and Boarding of Patients
- Lack of Funding and Workforce Issues with Das
- Mandatory Crisis Intervention Refresher Training
- Integrated Support within Law Enforcement

**Suggestions to consider on language:**

- Page 2: Commission Membership to include: Family member; person with lived experience; representation throughout the state.
- Page 3, section c (1): If an incident directly involves a commissioner's department, office or agency, they should not serve as a member of the review panel.
- Page 4, section d (3)(e): Suggest adding a timeline (such as 30 days) to receive information requested.
- Page 5: section i: Suggest adding ability to share initial/individual report in advance with individuals/organizations involved (including family members as appropriate) with recommended corrective action plan. Possibly more frequent summary reports of all findings.